

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540341

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1			
3				1		
4			1			
5			2			
6			2			
7			1			
8			2			
9			2			
10			2			
11			2			
12			2			
13			2			
14			2			
15			2			
16			2			
17			2			
18			2			
19			2			
20			2			
21			2			
22			2			
23			2			
24			1			
25			2			
26			2			
27			2			
28			2			
29			2			
30			2			
31			2			
32			2			
33			2			
34			2			
35			2			
36			2			
37			2			
38			2			
39			2			
40			2			
41			2			
42			2			
43			2			
44			2			
45			2			
46			2			
47			2			
48			2			
49			2			
50			2			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				2		
55			1			
56			2			
57			2			
58			2			
59			1			
60			1			
61			1			
62			1			
63			2			
64			2			
65			2			
66			1			
67			1			
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96						
97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	104	←		←
TOTAL CLAIMS			106			

8-15
48x2